



# American Society of Safety Professionals Sabine Neches Chapter

## BOBBY LANE SCHOLARSHIP APPLICATION

**Who can apply:** Students and Safety Professionals pursuing degrees, continued education or nationally recognized certification in Occupational Safety & Health including, but not limited to, Safety Management, Process Safety Management, Industrial Hygiene, or Occupational Medicine. **ASSP membership is not a requirement.**

### A. APPLICANT INFORMATION

**Name:** \_\_\_\_\_  
First Last

**Birth Date:** \_\_\_\_\_ **Primary Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### B. ENTRANCE PROFILE

Please attach a copy of your high school transcript if a high school graduate within the last five (5) years and/or copy of college transcript.

**High School Name:** \_\_\_\_\_

**High School GPA:** \_\_\_\_\_ **Class Rank:** \_\_\_\_\_ **out of** \_\_\_\_\_

**Test Scores: SAT: Math:** \_\_\_\_\_ **Verbal:** \_\_\_\_\_ **and/or ACT: Composite:** \_\_\_\_\_ **or Compass:** \_\_\_\_\_

**College Attending:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_

### C. ESSAY

Please submit a 500-to-600 word typed essay about what it means to you to receive an American Society of Safety Professionals Scholarship from the Sabine Neches Chapter.

### D. LETTERS OF RECOMMENDATION

Please attach two (2) letters of professional recommendations from individuals who can help to present an accurate and complete picture of you and your qualifications, including academic achievements, leadership abilities, volunteer commitments, extracurricular activities, and personal interests (Letters must be signed by writer and attached in PDF format).

### E. SUBMISSION DEADLINES

**\*\*\*Applications must be received between January 1, 2025, and September 30, 2025.\*\*\***

### F. CERTIFICATION AND SIGNATURES

I certify that the information on this form, together with information contained in any documentation attached, is true and complete to the best of my knowledge.

CK

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Send completed application and all required attachments together in one email to:  
**sabinenecheschapterassp@gmail.com**